

Case Number:	CM15-0040151		
Date Assigned:	03/10/2015	Date of Injury:	09/29/2009
Decision Date:	04/21/2015	UR Denial Date:	02/06/2015
Priority:	Standard	Application Received:	03/03/2015

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 57 year old female sustained a work related injury on 09/29/2009. According to the most recent progress report submitted for review and dated 09/18/2014, the injured worker continued to have persistent discomfort in regards to her right arm. Electrodiagnostic studies dated 08/27/2014 showed some medical neuropathy across the wrist with no evidence of gross posterior interosseous neuropathy. Assessment included low radial tunnel/posterior interosseous neuropathy right elbow with negative Electromyography/Nerve Conduction Velocity studies obtained on 03/29/2010 and subsequent report study on 08/27/2014 with evidence of mild median neuropathy reported on most recent study and CMC (carpometacarpal) arthrosis both thumbs, right more symptomatic than left. The provider noted that the injured worker had benefited from acupuncture and physical therapy in the past to the point that she was nearly symptom free.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Occupational Therapy 2x3 for the Right Upper Extremity: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine Page(s): 98-99.

Decision rationale: According to the 09/18/2014 report, this patient presents with persistent discomfort in right arm with "some median neuropathy across the wrist with no evidence of gross posterior interosseous neuropathy" per EMG/NCV report on 08/27/2014. The current request is for Occupational Therapy 2x3 for the Right Upper Extremity but the treating physician's report and request for authorization containing the request is not included in the file. The most recent progress report is dated 09/18/2014 and the utilization review letter in question is from 02/06/2015. The patient's work status is continued to work with restriction since 07/15/2014. The Utilization Review denial letter state: "There is documentation that therapy was previously ordered without documentation provided of sessions completed or improvement with therapy." For physical medicine, MTUS guidelines pages 98, 99 state that for myalgia and myositis, 9-10 visits are recommended over 8 weeks. For neuralgia, neuritis, and radiculitis, 8-10 visits are recommended. The one report provided for review shows no documentation that the patient is in a post-operative time frame regarding physical therapy for the right upper extremity. The provided reports do not show physical therapy reports and no discussion regarding the patient's progress. There is no documentation of flare-up or a new injury to warrant formalized therapy. The treater does not discuss the patient's treatment history nor the reasons for requested additional therapy. No discussion is provided as to why the patient is not able to perform the necessary home exercises. MTUS page 8 requires that the treater provide monitoring of the patient's progress and make appropriate recommendations. The current request IS NOT medically necessary.